

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	429001
<015>	Study Area Name	MARK TWAIN COMMUNICATIONS, CO.
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Denise Dames
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6604236822 ext.34
<039>	Contact Email Address: Email of the person identified in data line <030>	controller@marktwain.coop

ANNUAL REPORTING FOR ALL CARRIERS		54,313 Completion Required	54,422 Completion Required
		(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	429001M0510.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	429001M0610.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes 429001M01010.pdf		
<1010>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

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<015> Study Area Name	MARK TWAIN COMMUNICATIONS, CO.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Denise Dames
<035> Contact Telephone Number - Number of person identified in data line <030>	6604236822 ext. 34
<039> Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	
<111>	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	<input type="text"/>
<114> Report how much universal service (USF) support was received	<input type="text"/>
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	<input type="text"/>
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	<input type="text"/>
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	<input type="text"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="text"/>

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<035>	Contact Telephone Number - Number of person identified in data line <030>	6604236822 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

[illegible]

[illegible]

<010>	Study Area Code	429001
<015>	Study Area Name	MARK TWAIN COMMUNICATIONS, CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604236022 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

[illegible]



(B00) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	429001
<015>	Study Area Name	MARK TWAIN COMMUNICATIONS CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604236822 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop
<810>	Reporting Carrier	Mark Twain Communications Company
<811>	Holding Company	Mark Twain Rural Telephone Company
<812>	Operating Company	Mark Twain Communications Company

[illegible]

(900) Tribal Lands Reporting  
Data Collection FormFCC Form 481  
OMB Control No. 3060-0986 / OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	429001
<015>	Study Area Name	HARK TWAIN COMMUNICATIONS, CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604236822 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

&lt;910&gt; Tribal Land(s) on which ETC Serves

--

&lt;920&gt; Tribal Government Engagement Obligation

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Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	429001
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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604236922 ext. 34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).



(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Denise Dames
<035>	Contact Telephone Number - Number of person identified in data line <030>	6604236822 ext.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

429001mo1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

## (2000) Price Cap Carrier Additional Documentation

## Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0386/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	429001
<015>	Study Area Name	MARK TWAIN COMMUNICATIONS, CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	DENISE DUBOW
<035>	Contact Telephone Number - Number of person identified in data line <030>	8884236824 EXT.34
<039>	Contact Email Address - Email Address of person identified in data line <030>	control@marktwain.coop

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

## Incremental Connect America Phase I reporting

&lt;2010&gt; 2nd Year Certification (47 CFR § 54.313(b)(1)(i))

&lt;2011a&gt; 3rd Year Certification (47 CFR § 54.313(b)(1)(ii))

&lt;2011b&gt; Attachment (47 CFR § 54.313(b)(1)(ii))


Name of Attached Document(s) Listing Required Information

## Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

&lt;2012&gt; 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))

&lt;2013&gt; 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))

&lt;2014&gt; 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))

&lt;2015&gt; 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

## Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

&lt;2016&gt; Certification Support Used to Build Broadband

## Connect America Phase II Reporting (47 CFR § 54.313(e))

&lt;2017&gt; 3rd year Broadband Service Certification

&lt;2018&gt; 5th year Broadband Service Certification

&lt;2019&gt; Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

&lt;2021&gt; Interim Progress Community Anchor Institutions

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Name of Attached Document(s) Listing Required Information

## (3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0966/OMB Control No. 3060-0819

July 2015

<010> Study Area Code	429001
<015> Study Area Name	MARK TWAIN COMMUNICATIONS, CO.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Denise Dames
<035> Contact Telephone Number - Number of person identified in data line <030>	6604236922 ext.34
<039> Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒  
(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)  
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<010> Study Area Code	429001
<015> Study Area Name	MARK TWAIN COMMUNICATIONS, CO.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Denise James
<035> Contact Telephone Number - Number of person identified in data line <030>	6604236822 ext. 34
<039> Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

#### Financial Data Summary

(3027) Revenue  
(3028) Operating Expenses  
(3029) Net Income  
(3030) Telephone Plant In Service(TPIS)  
(3031) Total Assets  
(3032) Total Debt  
(3033) Total Equity  
(3034) Dividends


Name of Attached Document Listing Required Information

**Certification - Reporting Carrier  
Data Collection Form**

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<039> Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: MARK TWAIN COMMUNICATIONS, CO.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2015
Printed name of Authorized Officer: Jim Lyon	
Title or position of Authorized Officer: Executive V.P. & General Manager	
Telephone number of Authorized Officer: 6604236822 ext.	
Study Area Code of Reporting Carrier: 429001	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

(700) Price Offerings Including Voice Rate Data  
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	controller@marktwain.coop

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	11.25

&lt;703&gt;

[illegible]

### Data Collection Form

July 2013

<812>	Operating Company	Mark Twain Communications Company
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[illegible]

**Mark Twain Communications Company's demonstration of complying with applicable service quality standards and consumer protection rules:**

Mark Twain Communications Company ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company complies with service quality and consumer protection provisions under state law. These provisions include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of The Missouri Public Service Commission which discloses rates, terms and conditions of service to customers; (2) compliance with state consumer protection provisions relating to Customer Services as identified in section 4 CSR 240-32.050 of the Missouri Code of State Regulations; (3) compliance with provisions for Quality of Service as identified in section 4 CSR 240-32.070 of the Missouri Code of State Regulations; (4) compliance with Service Objectives as identified in section 4 CSR 240-32.080 of the Missouri Code of State Regulations; (5) compliance with Customer Inquiry Procedure as identified in 4 CSR 240-33.060 of the Missouri Code of State Regulations, compliance with Dispute Standards as identified in 4 CSR 240-33.080 of the Missouri Code of State Regulations; (6) compliance with truth-in-billing requirements; and (7) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

The Company complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag Rules to prevent identity theft. A manual for each of those programs is in place and is part of the employee's

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

<sup>2</sup> *Id.* At para. 28.



handbook. Employee training is conducted and new hires are instructed on the programs as required by their job functions.

## **Mark Twain Communications Company Ability to Function in Emergency Situations**

Mark Twain Communications Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)<sup>1</sup> and the Missouri Code of State Regulations. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery reserve that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites and has a maintenance program in place as described in section 4 CSR 240-32.060 of the Missouri Code of State Regulations.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

As published annually by the Wireline Competition Bureau, as required in 47 C.F.R. 54.313(a)(10), our pricing on fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service. The national average is \$21.22, and two standard deviations would be \$47.48. Our fixed voice service rate is \$11.25.

# Affordable Phone Service

as low as

A red starburst graphic with a jagged, explosive shape, containing the text "\$2.00/month\*".

**\$2.00/month\***

\*This monthly rate does not include applicable local, 911, state and federal taxes.

The Missouri Universal Service Fund is a state program which is divided into two sections— Lifeline and Disabled. Low-income customers receive both state and federal funds. Disabled customers received only state support. The discount varies between \$6.50 and \$15.75 depending on your method of qualification.

If you or a dependent residing in your household are receiving benefits from one or more of the programs listed below, please contact Mark Twain Communications Company at 660-423-6822 for more information. The office hours are 8:00 a.m. to 4:45 p.m., Monday thru Friday.

## LIFELINE PROGRAM

- MO HealthNet (f/k/a Medicaid)
- Supplemental Nutrition Assistance (Food Stamps)
- Supplemental Security Income (SSI)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance (Section 8)
- National School Free Lunch Program
- Temporary Assistance for Needy Families (TANF)
- 135% of the Federal Poverty Level

## DISABLED PROGRAM

- Veteran Administration Disability Benefits
- State Blind Pension
- State Aid to Blind Persons
- State Supplemental Disability Assistance
- Federal Social Security Disability
- Federal Supplemental Security Income



# Mark Twain Communications Company

## Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount up to \$15.75. The Disabled program offers a \$6.50 monthly discount. To apply complete this form and submit **proof of eligibility** if "Proof Required" box is checked.

☐ Initial Application  
☐ Proof Required

**OR**

☐ Annual Re-certification  
☐ Proof Required    ☐ No Proof Required

Eligibility Criteria	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)  <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>	<input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability

Account Owner Name:				Home Phone Number:		
Email Address:			Daytime or Can Be Reached Phone Number:			
Last 4 Digits of SSN: <small>(If account owner is program beneficiary)</small>		Date of Birth: <small>(If account owner is program beneficiary)</small>		DCN: * <small>(*This number only applies if participating in MO HealthNet, Food Stamps, LIHEAP, and TANF)</small> <small>(If account owner is program beneficiary)</small>		
Home Address:	Street	Apt.	City	State	Zip Code	
Is your home address temporary? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If "yes" then must verify address every 90 days.)</small>						
Billing Address: <small>(If different from above)</small>	Street	Apt.	City	State	Zip Code	

Program beneficiary name (if different than account owner):		
DCN* (If applicable): <span style="float: right;"><small>(*This number is assigned to program participants of MO HealthNet, Food Stamps, LIHEAP, and TANF)</small></span>		
Relationship to account owner:	Last 4 Digits of SSN:	Date of Birth:

**I understand the following obligations and provisions about the Lifeline and Disabled programs:**

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits. Your household may receive Lifeline or Disabled benefits on one wireless **OR** one home (wireline) telephone. Your household may not receive the Lifeline or Disabled benefit from more than one Telephone company.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person, even if he or she is eligible.



**I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:**

- My household meets the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons my household no longer satisfies the criteria for receiving Lifeline or Disabled benefits including, as relevant, if my household no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service from any company.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I give permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

\_\_\_\_\_ I certify I have \_\_\_\_\_ individuals in my household.  
(Initial and complete only if qualifying under income threshold which appears in the pink box below.)

**The information supplied on this form is true and correct.**

**I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.**

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Date

**Submit a completed signed form and proof of eligibility if applicable.**

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$15,890	\$21,506	\$27,122	\$32,738	\$38,354	\$43,970	\$49,586	\$55,202	+ \$5,616/person

*Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.*

**Company Use Only:**

I have reviewed the form to be complete and hereby attest the applicant presented acceptable proof of eligibility for the \_\_\_\_\_ program (if applicable).

\_\_\_\_\_  
Print Name of company official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NLAD database queried? Yes or No

Lifeline Household Worksheet? Yes or No

De-enroll Date: \_\_\_\_\_

Mail application and proof of eligibility (if applicable) to:  
**MARK TWAIN COMMUNICATIONS COMPANY**  
48054 State Hwy 6, P.O. Box 128, Hurdland, MO 63547

All of our Lifeline customers receive unlimited local minutes and they have an equal access choice of long distance carriers for toll plans and the long distance carriers determine the rates, terms and conditions of each plan, not Mark Twain Communications Company.